

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-027076**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **3650**

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>18 Days</b>	c. CITY OR TOWN <b>Overland Park</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>StLukes Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>7614 West 96 Terr.</b>
3. NAME OF DECEASED (Type or print) First <b>Margaret</b> Middle <b>Iola</b> Last <b>Folkers</b>		4. DATE OF DEATH Month <b>July</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 5, 1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>
13a. FATHER'S NAME <b>Elmer Wington</b>		13b. MOTHER'S MAIDEN NAME <b>Maude Corder</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Calvin Folkers</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intrasternal Obstruction; Cachexia</b> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. <b>Cancer of ovary &amp; generalized metastasis</b> DUE TO (b) <b>Cancer of ovary &amp; generalized metastasis</b> DUE TO (c) <b>generalized metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 wks</b> <b>13 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Overland Park</b>	
20g. COUNTY <b>Kansas</b>		20h. STATE <b>Kansas</b>	
21. I attended the deceased from <b>Sept 1960</b> to <b>July 1962</b> and last saw her alive on <b>12 July 1962</b> Death occurred at <b>7:45 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE <b>Ruth H. Long</b> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 14, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Quinter City</b>
23d. LOCATION (City, town, or county) <b>Quinter Kansas</b>		23e. DATE SIGNED <b>7/13/62</b>	
24. FUNERAL DIRECTOR <b>Hoge Funeral Home Overland Park Ks.</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth H. Long</b>			

FEB 5 1963  
JAN 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Royce Hoge

Licensed Embalmer No. 3579

P. O. Address Owland Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.